MEMO ROUTING	SLIP	CONC	ISE FOR A URRENCE:				
1 NAME OR TITLE	). F. F.	·	II.	ITIALS		CIRC	TLATE
ORGANIZATION AND LOCATION	S/AS	s T	D	ATE		COOR	DINATION
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MEMO ROUTING SLIP		ROVALS, DISAPPROVALS, PR SIMILAR ACTIONS				
1 NAME OR TITLE CALLIMA	HOS	ALS CIRCULATE				
ORGANIZATION AND LOCATION	DATE	COORDINATION				
2		FILE				
		INFORMATION				
3		NECESSARY ACTION				
		NOTE AND RETURN				
4		SEE ME				
		SIGNATURE				
I was told when in holing ther Dr. Good has put out a book or doe on "diagnosis" of there I could get a copy form.  The let me see same.						
		L DANKE				
ORGANIZATION AND LOCATION		TELEPIONE TELEPIONE				